

Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: OCTOBER 14, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of the proposed bilateral L5-S1 transforaminal ESI under fluoroscopic guidance

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.4	64483		Prosp						Upheld
924.4	64483		Prosp						Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-11 pages

Respondent records- a total of 284 pages of records received to include but not limited to: Letters, Notice of Pre-authorization, 12.21.05-9.4.07; letter, Pro, 3.1.07; Order, docket #Ep-05096652-02-CC-EP46; PPE 2.20.07; Orthopedic notes, 8.19.05-8.7.07; DWC forms 73, 69; notes, handwritten from unknown, 3.29.06-6.14.07; DDE reports, 5.10.06, 1.19.07, 5.24.07; RME

5.15.07; notes, Dr. 3.31.06, 4.16.07; report, Dr. 4.5.07; report, Dr. r, 2.23.07; notes, , 2.20.07; CT Lumbar Myelogram 6.23.06; notes, Dr. , 5.31.06, 5.28.06; notes, , 3.21.06; notes, Doctors of Chiropractic, 2.27.06-3.7.06; report ,Dr. , 2.8.06-2.22.06; MRI L Spine, 12.13.06; notes, Specialty Hospital 1.19.06; letter, Dr. 12.27.05; No ODG guidelines provided

URA records- a total of 56 pages of records received to include but not limited to: Request for an IRO; Letters, Notice of Pre-authorization, 8.16.07-9.4.07; Pre-auth worksheets 8.14.07, 8.28.07; Orthopedic notes, 3.20.07-8.24.07; MRI L-Spine 12.13.06; Lumbar Myelogram and CT scan 6.23.06; No ODG guidelines provided

Requestor records- a total of 27 pages of records received to include but not limited to: MRI L-Spine 12.13.06; Orthopedic notes, 1.16.07-8.24.07

PATIENT CLINICAL HISTORY [SUMMARY]:

This individual has an alleged work comp injury while employed by the County. The patient reported a back injury and low back pain. The review committee is denying cervical and denying lumbar annular tear and denying lumbar degenerative joint disease. The patient was treated by Dr., whose records to not indicate any weakness in the legs, sensory loss, or radicular symptoms. There is evidence of 2 small disc bulges, but no evidence of neural impingement or neural entrapment due to bony or otherwise.

There is one sentence in the physical exam that the patient had bowel and bladder incontinence, but this was not further documented or explained. The bowel and bladder incontinence would indicate severe cervical disease that would require immediate decompression and this was not the recommendation by the treating physician, and therefore does not appear to be a significant complaint.

The physician's notes indicate normal motor strength and normal reflexes. One sentence indicates active straight leg raises and bilateral L4-L5 with decreased sensory and motor, which is contradictory with the sentence above it indicating normal strength and normal reflexes.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The records provided failed to document or substantiate any neural impingement, reflex changes, atrophy, or radicular pain. Other than the conclusive diagnosis, there is no evidence of radiculopathy. Therefore, this individual's records do not meet the burden to support the proposed procedure of L5-S1 transforaminal epidural steroid injections based on ODG treatment guidelines and International Spine Intervention Society Guidelines. Therefore, my recommendation is to uphold the URA denial of these services.

Furthermore, there is an indication that previous bilateral L5-S1 epidural injections were of no benefit to the patient, but if the patient had no other options, then they wanted to repeat this study and treatment.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)